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PTO/SB/17 (12-04V2)) through 07/31/2006. OMB 0651-0032 U.S. DEPARTMENT OF COMMERCE it displays a valid OMB control number. U.S. Patent and Tradema persons are required to respond to a collection of information Under the Paperwork Reduction Act of Effective on 12/08/04 Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/520,294 FEE TRANSMITTAL Filing Date December 30, 2004 For FY 2005 First Named Inventor Bernard Paul **Examiner Name** Art Unit Applicant claims small entity status. See 37 CFR 1.27 **TOTAL AMOUNT OF PAYMENT** Attorney Docket No. 2142-01000 (\$)130.00 METHOD OF PAYMENT (check all that apply) Check Credit Card None Other (please identify):\_\_\_ Deposit Account Number: 03-2769 Deposit Account Name: Conley Rose, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES Application Type **Small Entity** Small Entity Fee (\$) Fee (\$) Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 80 150 600 08/16/2000 PKIDWELL 00000003 032769 500 Reissue 300 150 250 139.69 DA 0 ar i.c. 1914 100 Provisional 200 Λ 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Multiple Dependent Claims Fee Paid (\$) Fee (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee Paid (\$) Fee (\$) - 3 or HP = 00/31/2005 GFREY1 00000053 032769 10520294 HP = highest number of independent claims paid for, if greater than 3 130.00 DA <del>-01-FC</del>:1617 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Number of each additional 50 or fraction thereof Fee (\$) Extra Sheets Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): surcharge for filing declaration late 130.00 SUBMITTERTY Signature 31 FU:11b. 36,962 Telephone (713) 238-8000 Name (Print/Type) Marcella D. Watkins Date May 25, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2..

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